



Harnett County Central Permitting

PO Box 66 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Owner's Name: CAROL CONSTRUCTION HOME
 Site Address: 45 NEW BETHEL CT, LILLINGTON
 Subdivision: SHILOH
 Description of Proposed Work: SFO
 Total Job Cost: \$ 171,710
 Date: 10/30/2023

General Contractor Information
 Building Contractor's Company Name: CAROL CONSTRUCTION HOME
 Address: 63 VIKING CT, WILLOW SPRING, NC 27522
 License #: 57354
 Description of Work: HEATED SQ FT 1561 GARAGE SQ FT 499
 Telephone: 919-616-2391
 Email Address: dan.p.c@carolconstruction.com

Electrical Contractor Information
 Description of Work: SFO
 License #: 05689
 Building Contractor's Company Name: C+M ELECTRICAL INC
 Address: 600 REICHERT WAY GARVIN NC 27521
 Telephone: 919-772-4518
 Email Address: _____

Mechanical/HVAC Contractor Information
 Description of Work: SFO
 License #: 18647
 Mechanical Contractor's Company Name: STEPHEN'S HEATING & AIR INC
 Address: 343 SHIPWAY DR GARVIN NC 27529
 Telephone: 919-329-0686
 Email Address: _____

Plumbing Contractor Information
 Description of Work: SFO
 License #: _____
 Plumbing Contractor's Company Name: AMBI PLUMBING INC
 Address: 735 ROCK PINE RD CAYNE NC 27524
 Telephone: 919-934-1379
 Email Address: _____

Insulation Contractor Information
 Insulation Contractor's Company Name & Address: THOM INSULATION 519 ONE ONE STONE WAY GARVIN
 Telephone: 919-661-0999

NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots - new growth

LOT 11 SHILOH



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

10/30/2023
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: [Signature] PROJCT MANAGER Date: 10/30/2023